

State ILLINOIS

11a. PHYSICAL THERAPY

=10/94 Services are prescribed by a physician and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11b. OCCUPATIONAL THERAPY

=10/94 Services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110 (b). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11c. SPEECH, HEARING AND LANGUAGE

=10/94 Services are referred by a physician and provided by or under the direction of a speech pathologist or audiologist as defined 42 CFR 440.110 (c). In most cases, prior approval is required unless client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

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12a. PRESCRIBED DRUGS

Illinois shall provide coverage for covered outpatient drugs within the meaning of Section 1927(k) of Title XIX of the Social Security Act of any manufacturer which has entered into and complies with a rebate agreement with the federal Health Care Financing Administration. The drugs listed in the Department's formulary are covered without prior approval when prescribed by a physician licensed to practice medicine in all its branches or a licensed podiatrist or dentist within the scope of their practice. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.

The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, smoking cessation products, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.

=7/95 All services or treatments which are medically necessary to correct or lessen health problems detected by the screening process will be provided to EPSDT recipients.

12b. DENTURES

=7/95 All services or treatments which are medically necessary as detected by the screening process will be provided to EPSDT recipients.

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12c. PROSTHETIC DEVICES

Prior approval for purchase, repair and replacement is required unless:

- ° the recipient is eligible for Medicare and the item is covered under the Medicare Program; or
- ° the cost of repairs does not exceed 75 percent of the purchase price; or
- ° the item is being loaned while the recipient's own item is being repaired or replaced; or
- ° items are replaced within 24 months of the purchase date and all of the following conditions are met:
 - the item is not under warranty;
 - the item was not faulty at the time of purchase;
 - the original purchase was made by the Department for the same recipient for whom the replacement is needed;
 - the original item is either not repairable or the cost of repairs is more than or equal to the replacement; and
 - the replacement item is new and of equal value to the original item.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to EPSDT recipients.

12d. EYEGLASSES AND OTHER OPTICAL MATERIALS

=7/95 Eyeglasses and other optical materials are not available to recipients aged 21 and older except for initial eye wear dispensed following cataract surgery.

=7/95 The following limitations apply to eye care services and materials for recipients under the age of 21:

- Single vision lenses only when the following conditions are met:
 - ° The power is at least 0.75 diopters in either the sphere or cylinder component; or
 - ° The difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.

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- Bifocal lenses only when the following conditions are met:
 - ° For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or
 - ° For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least .75 diopters.
- More than one examination per year only when the vendor documents the need for the additional examination.
- More than one pair of eyeglasses per year only when the vendor documents that the additional pair is medically essential and obtains prior approval from the Department.

=7/95 Eyeglasses and optical services will be provided to EPSDT recipients beyond the above limitations based on the determination of medical necessity.

Eye care materials dispensed by a supplier other than a physician or optometrist, except for replacement and repair items, are covered only when they are prescribed by a licensed physician or optometrist.

The following items require prior approval. Approval shall be given when, in the judgement of a Department consulting physician, the requested item or service is appropriate:

- ° Contact lenses and related contact lens services.
- ° A second pair of eyeglasses in one year.
- ° Custom made artificial eye.
- ° Low vision devices.
- ° Any item or service not specifically included in the schedule of procedures for optical services and supplies,

Eye care services and materials which are not covered:

- ° Services which are not provided to address a recipient's particular visual problems or complaints.
- ° Lenses and frames obtained from a source other than the DOC laboratory.
- ° Trifocals.
- ° Tinted lenses.
- ° Provider's transportation cost.

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All lenses and frames shall be obtained from the Department of Corrections (DOC) laboratory. DOC shall not engage in "office" services, e.g., examinations or dispensing of eyeglasses to recipients, but shall be the State's laboratory for fabrication of eyeglasses. Individual optical suppliers shall continue to provide examinations, frame parts, frame repairs, contact lenses, artificial eyes and low vision devices, as well as dispensing of eyeglasses obtained from the DOC laboratory.

13b. SCREENING

Mammography screening for occult breast cancer, when ordered by a physician, is covered for women who are 35 years of age or older. Coverage limitations are: a) a baseline mammogram for women 35 through 39 years of age; b) a mammogram every one to two years for women 40 through 49 years of age; and c) a mammogram once per year for women 50 years of age or older.

13c. PREVENTIVE SERVICES

Preventive services are limited to EPSDT (Healthy Kids) recipients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided.

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13d. REHABILITATIVE SERVICES

1/92 Alcohol and Substance Abuse Services

Subacute alcohol and substance abuse treatment services are to be provided in a subacute setting licensed by the Department of Human Services (DHS) ~~Alcoholism and Substance Abuse (DASA)~~ or a hospital licensed by the Department of Public Health; all facilities must be certified for participation by ~~DHSASA~~. ~~All~~ ^{=7/97} services will be provided by or under the direction of a qualified treatment professional in accordance with a treatment plan approved by a physician. A qualified treatment professional must meet at least one of the following minimum requirements set by the Department of Human Services (DHS) ~~Alcohol and Substance Abuse~~:

- ^{=7/97} • hold clinical certification as a Certified Alcohol and Drug Counselor from the Illinois Alcoholism and Other Drug Abuse Professional Certification Association (IAODAPCA);
- be a licensed professional counselor or licensed clinical professional counselor pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act;
- be a physician licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987;
- be licensed as a psychologist pursuant to the Clinical Psychology Practice Act; or
- be licensed as a social worker or licensed clinical social worker pursuant to the Clinical Social Work and Social Work Practice Act.

^{=7/97} ~~A qualified treatment professional may also be a person holding a Master's or higher level degree in social work, psychology, or counseling. Physicians are deemed to meet this requirement.~~

Alcohol and substance abuse treatment services ~~will be~~ are limited to the following:

- ^{=7/97} ° Outpatient services - Level I care - The provision of diagnostic, assessment, counseling and discharge planning services, either and individually or in a 7 group, or family drug-free treatment on a scheduled or unscheduled basis to an individual who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or other drugs. These services shall be delivered in accordance with an individual's treatment plan recommended by a physician. No more than three client hours shall be covered for any individual during a 24-hour period. No more than two of those hours may be covered for group treatment. No more than 40 hours may be reimbursed for an individual under age 18 per benefit year (starting with the first date of service), and no more than 25 hours may be reimbursed for an eligible adult client individual age 18 and over per benefit year.

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- ° ~~Short term rehabilitation (Intensive Outpatient) - Level II care~~ - The provision of diagnostic, assessment, counseling and discharge planning services, either and individually or in a group drug free treatment on a scheduled-only outpatient basis to an individual who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or drugs. These services shall be delivered in accordance with an individual's treatment plan recommended by a physician. Intensive outpatient is a structured program offered a minimum of ~~two days or evenings per week (not exceeding four hours a day)~~ nine hours per week which provides the appropriate hours of service for the level of care required by the client (as set forth in his treatment plan) ~~ranging from 6 to 20 hours of documented treatment services per client per week.~~ Treatment must occur in a certified licensed subacute outpatient setting. No more than 75 hours of service may be reimbursed for an eligible adult client individual per benefit year ~~(starting with the first date of service).~~

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- ° ~~Short term Residential Rehabilitation - Level III care~~ - the provision of diagnostic, counseling and discharge planning services, either and individually or in a group drug free treatment on an inpatient basis to an individual under age ~~18~~ 21 as an EPSDT benefit who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or other drugs. Services shall be delivered in accordance with the individual's treatment plan recommended by a physician. ~~Short term Residential rehabilitation~~ is a structured program offered seven days a week. This includes a minimum of 25 hours of documented treatment per client per week, ~~and Services must occur in a psychiatric facility or in an inpatient program in a psychiatric facility, either of which is accredited by the Joint Commission on Accreditation of Healthcare Organizations.~~ ~~No more than 40 days shall be reimbursed per benefit year for short term residential rehabilitation alone or in combination with day treatment.~~

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- ° Day Treatment - Level III care - The treatment services are the same as ~~short term residential rehabilitation services~~ except that the services shall be provided by a program licensed by the Department of Human Services (DHS) Alcoholism and Substance Abuse and ~~certified as having 16 beds or less and may be provided to~~ ~~as well as individuals under the age of 18.~~ Services shall be provided in accordance with an individual's treatment plan recommended by a physician. No more than 30 days shall be ~~reimbursed per benefit year for an eligible adult client individual~~ ~~and older and no more than 40 days shall be reimbursed per benefit year for an individual under 18 alone or in combination with short term residential rehabilitation.~~

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- ° Psychiatric diagnostic service - The provision of an evaluation by a psychiatrist and/or examination of a client and exchange of information to determine whether the client's condition is due to the effects of alcohol and/or other drugs or to a diagnosed psychiatric disorder.

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~~° Hospital based short term residential rehabilitation. The provision of diagnostic services and individual or group drug free treatment on a scheduled only residential basis in a licensed subacute setting to an individual under 18 years of age. This service is designed to reduce or eliminate, through a controlled milieu, an individual's intake of alcohol and/or other drugs. Residential rehabilitation must be delivered in accordance with an individual treatment plan recommended by a physician. Services must include, but are not limited to, assessment, evaluation, diagnosis, and subsequent individual, group or family counseling, education, case coordination, aftercare and follow up. Residential rehabilitation is a structured residential program offered seven days per week and includes a minimum of 25 hours of treatment activities per client per week. Individuals experiencing active psychotic manifestations, or other severe mental or physical illness which requires immediate acute medical or psychiatric care, should not be admitted to residential rehabilitation. In addition, the individual shall not be intoxicated, incapacitated due to the effects of alcohol and/or other drugs, or in withdrawal. No more than 40 days shall be reimbursed per benefit year for short term residential rehabilitation alone or in combination with day treatment.~~

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21 as an EPSDT benefit and without regard for the established benefit limits for alcohol and substance abuse services.

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Benefit limits will not be applied to a woman who enters treatment during pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until services are no longer clinically necessary, whichever comes first. This benefit does not apply to a woman who enters treatment services after delivery.

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10/91 Mental Health Services

Rehabilitative mental health services are to be delivered by providers certified for Medicaid participation by designated State agencies. A comprehensive assessment will be developed for each eligible individual by qualified mental health professionals (QMHPs) and mental health professionals (MHPs). A physician, licensed clinical psychologist (LCP) or a licensed clinical social worker (LCSW) as licensed practitioners of the healing arts will review the assessment and may recommend that medical or remedial services are necessary to reduce the physical or mental disability of an individual or to restore an individual to the maximum possible functioning level. Once the recommendation for mental health services has been made, an individualized treatment plan will be developed and implemented by professional staff including QMHPs and MHPs. The treatment plan must be reviewed and approved by a physician or a licensed practitioner of the healing arts or a QMHP with supervisory authority over the professional staff responsible for implementing the treatment plan.

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QMHPs, MHPs and Rehabilitative Services Associates (RSAs) provide mental health services. A QMHP is defined as one of the following positions:

1. A physician licensed under the Medical Practice Act of 1987 to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training (the treatment of children and adolescents);
2. A psychiatrist (a physician licensed under the Medical Practice Act of 1987) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the Department;
3. A psychologist licensed under the Clinical Psychologist Licensing Act with specialized training in mental health services;
4. A social worker possessing a master's or doctoral degree in social work and licensed under the Clinical Social Work and Social Work Practice Act with specialized training in mental health services;
5. A registered nurse licensed pursuant to the Illinois Nursing Act of 1987 with at least one year of clinical experience in a mental health setting or master's degree in psychiatric nursing;
6. An occupation therapist registered pursuant to the Illinois Occupational Therapy Practice Act with at least one year of clinical experience in a mental health setting;
7. An individual with a master's degree and at least one year of clinical experience in mental health services and who holds a license to practice marriage and family therapy pursuant to the Marriage and Family Licensing Act (225 ILCS 531);

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8. An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, psychology, pastoral counseling, or family therapy, or related field who has successfully completed a practicum and/or internship which includes 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional, or who is a licensed social worker holding a master's degree with two years of experience in mental health services or who is a permanently licensed professional counselor under the Professional Counselor and Clinical Professional Counselor Licensing Act holding a master's degree with one year of experience in mental health services.

A mental health professional (MHP) provides services under the supervision of a qualified mental health professional. The MHP must possess a bachelor's degree, a practical nurse license pursuant to the Illinois Nursing Act of 1987 (225 ILCS 65) or have a minimum of five years supervised experience in mental health or human services.

A rehabilitative services associate (RSA) assists in the provision of services. An RSA must be at least 21 years old, have demonstrated skills in the field of services to adults or children, have demonstrated the ability to work within agency structure and accept supervision, and have demonstrated the ability to work constructively with clients, other providers and the community.

=7/96 In addition to providing necessary medical services to reduce the physical disability and maximize the potential of the individual, other Mental health services may include:

° client-centered consultation: professional communication with others who are involved with the treatment process, including staff of other agencies, schools, family members or others for the purpose of implementing and/or evaluating the treatment plan. The focus of this activity is to manage and direct the treatment process; it is not case management activity;

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° psychosocial rehabilitation day programming: a structured program of daily activities provided in an environment which permits maximum participation of the individual. Core service elements are individual or group counseling and social rehabilitation;

° psychiatric treatment: services include psychotherapy, mental health counseling and/or medication administration, monitoring and training. Services are provided to eligible individuals, families or to groups of individuals;

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° crisis intervention: services include crisis assessment, short-term intervention and referral for persons who appear to need immediate intensive intervention; and

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